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COMMISSIONERS CONSENT AGENDA REQUEST FORM

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Must be submitted by 12:00 p.m. on Thursday to be placed on the following week's agenda.

OFFICE / DEPARTMENT: Renew

CONFIDENTIAL? YES

DATE OF REQUEST: 8/30/2023

REQUESTOR: Linze Greenwalt

INDIVIDUAL ATTENDING: Dell Anderson

CONTACT PHONE #: x5470

(Section Break)

LEGAL REVIEW

**IF THIS DOCUMENT REQUIRES LEGAL REVIEW PRIOR TO
APPROVAL - PLEASE ROUTE TO THE PROSECUTING ATTORNEY'S
OFFICE PRIOR TO SUBMISSION.**

(Section Break)

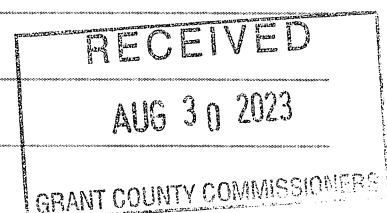
TYPE OF DOCUMENT: AGREEMENT / CONTRACT
BEING SUBMITTED:

(Section Break)

WORDING FOR AGENDA: Amendment to the Provider Services Agreement with Molina Healthcare of Washington, Inc. and Grant County (Renew) to provide services to Medicaid Clients

DOCUMENT UPLOAD: [Molina Amendment 8.30.23.pdf](#)

(Section Break)



BOCC ACTION
To be completed by BOCC Staff Only

BOCC ACTION: *Field not completed.*

DATE OF BOCC ACTION: *Field not completed.*

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